

# BREASTFEEDING AND WEANING RELATED ASPECTS IN CHILDREN ATTENDED AT THE “BEBÊ-CLINICA” PROGRAM IN BANDEIRANTES – PR

<sup>1</sup> Dentist, Master Teacher School Estácio de Sá - FES/ Juiz de Fora-MG, Teacher os Public Health and Health Polociies in the course os Dentistry and Physiotherapy;

<sup>2</sup> Pharmastic biochemist – Research A – Embrapa Dairy Cattle, Juiz de Fora - MG, Environment Management and Hidric Resources;

<sup>3</sup> Nurse at Bandeirantes Town’s “PACS” nurse;

<sup>4</sup> Specialist Teacher at “Fundação Faculdades Luiz Meneghel – FFALM” in – PR – Health and Nursery Administration teacher;

<sup>5</sup> Psychologist– Doctor Professor of “Universidade Estadual Paulista Júlio de Mesquita Filho” – Campus of Assis – Scholar, Social and Evolutive Psychology Department.

Cristiane Corsini Medeiros Otenio<sup>1</sup>  
Marcelo Henrique Otenio<sup>2</sup>  
Paula Fernanda Martins Sitta<sup>3</sup>  
Regina Hitomi Fukuda Ohira<sup>4</sup>  
Nelson Pedro da Silva<sup>5</sup>

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## SUMMARY

*Maternal breastfeeding, natural food, fundamentally important to maternal-child’s health and for the pregnancy delay, finds difficulties in it’s practice. The present study purposes evaluating the reasons and analyzing what are the myths and facts that contribute to weaning before six months of age. Study’s object was composed by children who participate from the Educative-Preventive Program “Bebê-Clinica” (Baby-Clinic), by surveying each child’s handbook, that were breastfed in a period from zero to six months of age, in a total 143 handbooks. The questionnaire searched information related to the mother, such as: age, parity, civil status, professional actuation, race, family income, social programs participation and pregnancy historic. Breastfeeding promotion must be seen as a major action to improve children and its family health and life quality.*

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*Breastfeeding promotion strategies must vary with population, its culture, habits, beliefs social and economical status among others. However, it's of a major point in any strategy the maternal breastfeeding importance awareness.*

**Keywords:** *Maternal Breastfeeding, Breastfeeding, Weaning, Social and Economical Factors.*

## INTRODUCTION

Maternal breastfeeding, natural food and of a major importance to mother and child's health and for pregnancy delay, is finding difficulties in its practice, due to several factors, such as artificial food presence and marketing (REA ; TOMA, 2000), mother's return to work (OSIS, 2004), maternal scholar level and lack of Child Friend Hospital (VENÂNCIO et al, 2002), rubber nipple usage (SANTIA-GO et al, 2003; REA ; TOMA, 2000), educative intervention by groups of breastfeeding trained professionals (KUMMER, 2000) , newborn hospital outcome after five days of life (PEDROSO et al, 2004), social and demographic characteristics (VIEIRA et al, 2004), among others.

Data analysis from 70's and 80's showed that medium breastfeeding period, which was in two months in 1975, has grown to five and a half month in 1989 and to seven months in 1996 (REA, 2003; VENÂNCIO et al, 2002).

Demographic changes that take place in urban centers suburbs since the 70's have influence over these areas epidemiological profile, besides contributing to the social and familiar tension and the loss of traditions, bonds, beliefs and values, with reduction of the social support mechanisms to the breastfeeding mother (PEDROSO et al, 2004; SILVA, 2004). This process was partially reverted beginning in the 80's, by health programs and politics pro-breastfeeding, through National Maternal Breastfeeding Incentive Program, interacting with international organisms such as Unicef, World Health Organization and societies, such as Brazilian Pediatric Society (SANTIA-GO et al, 2003).

A lot has been studied about myth, taboos, mother and child interaction, difficulties and limitations that women face during breastfeeding, such as ignoring the legislation that supports them in this period.

In 1988, the new Brazilian Constitution includes at least two benefits pro-benefits: the right from the women working in the formal

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market to a four month remunerated license and the father’s right to a five days paternity license (REA, 2003). Besides, when return to work, mothers have the right to two half-hour intervals during their labor journey to breastfeed the baby until it is six months of age. Companies were work at least 30 women with more than 16 years of age must provide adjusted place for their employers children during breastfeeding period inside the company or through accord with appropriated institutions (OSIS et al, 2004).

According to Giugliani (1994), as societies develop, higher position women prefer baby’s bottle comfort. Such attitude spreads gradually among other status’s women, reaching at last the poorer, the least formal knowledge detainers and the rural area residents.

Brazilian government, through Unique Health System (SUS) and Health Politics Secretary, has adopted the strategy of substituting a hospital assistance by the Family Health Program (PSF), were preventive action and health promotion are major emphasis (SANTIA-GO et al, 2003).

Breastfeeding promotion must be seen as a major action to improve children’s and their families` health and life quality. Breastfeeding promotion strategies must vary according to the population, its culture, habits, beliefs, social and economical position, among others (GIUGLIANI, 1994).

Question related to breastfeeding practice has been object of interest to different authors and social groups throughout history (AL-MEIDA; NOVAK, 2004). To Ichisato e Shimo (2001) breastfeeding issue is not only biological, but also historical, social and psychologically delineated. Culture, beliefs and taboos have crucially influenced its practice.

The present work has for objective to describe breastfeeding situation and identify weaning associated factors in “Bebê-Clínica” Program in Bandeirantes-PR.

## MATERIAL AND METHODS

The present study was approved by the Research Ethic Committee from Health and Education Department from Luiz Meneghel College Foundation (FFALM) from Bandeirantes-PR. It was made in the city of Bandeirantes, located in the north region of Paraná state and 430 Km far from its main city, with agricultural vocation to sugar cane, and cane industry.

This study object is composed by children that participate form the Preventive-Educative Program “Bebê-Clínica”, now with 1,200

kids registered, where it was made the survey of each children handbook, that were breastfed in a period from birth to six months of age, in a total 143 samples. In a second moment, it as set a meeting with the selected kid's mothers for the data collection in a semi-structured questionnaire, were came 74 mothers.

Only the mothers answered the questions, after free and clarified agreement. Initial plan was made with six questionnaires, were handbooks were randomly chosen. The questionnaire included data related to the mother, such as: age, parity, civil status, job, school degree, race, familiar income, social program and gestation historic. From the children, it was asked about breastfeeding in the last 24 hours, clinical internment, premature birth, breastfeeding, rubber nipple/bottle/finger use and early weaning explanations as remembered by the mothers in the interview's moment, taken at Bandeirantes City's Health Office, or at the mother's house.

The questionnaire is simple enough to be applied by non-specialized people, after some training. In pre-tests, it took about fifteen minutes to be completed.

According to the World Health Organization (WHO), in data analysis were considered the following breastfeeding practices:

- Exclusive Breastfeeding: process in which the infant receives maternal milk from its mother or maternal milk extracted, without receiving any other liquid or solid food, except vitamins, mineral complements or medication;
- Major Breastfeeding: process in which the infant receives its mother milk, but also water, tea or juices.

Precocious breastfeeding interruption was defined as its interruption before the six years of the infant's life. Data were analyzed using Epi Info 6.0 software for tabulating the collected informations.

## RESULTS

The study presents a 74 mothers sampling, from all social and economical levels, but with preponderance or people attended by the Health Unique System. Figures 1 and 2 present infants sample distribution according to four maternal characteristics: age, school degree, race and wealth. It is observed in this study that from the 74 mothers interviewed, 51,7% with age between 17 and 27 years. As scholar degree, 37,8% from them has completed high school, 60,8% are Caucasian and 48,6% with mensal income from two to five times the minimum salary.

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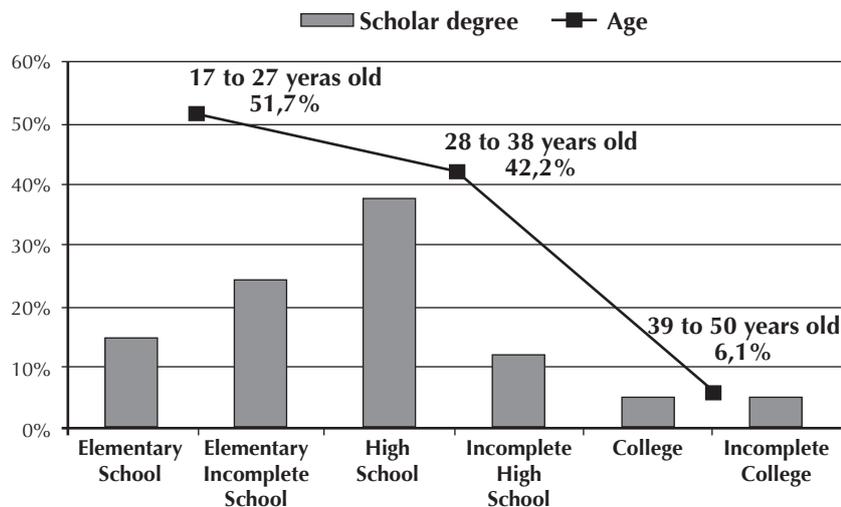


Figure 1: Distribution of the samples from the infants of the “Bebê Clínica” Program of Bandeirantes-PR according to the maternal characteristics of age and scholar degree.

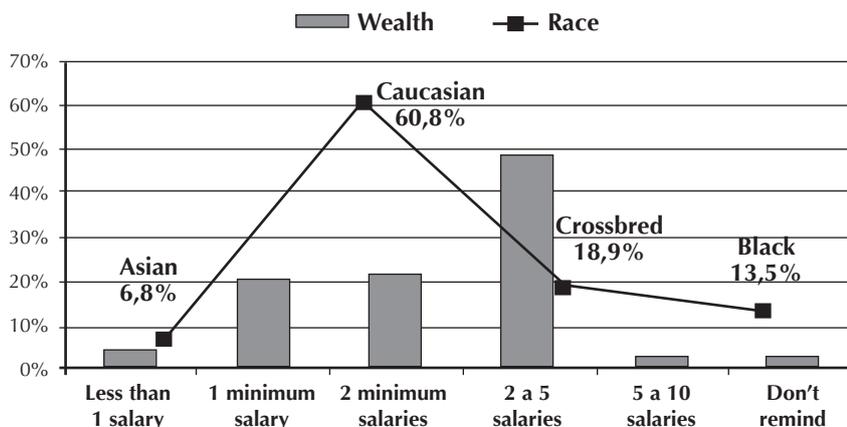


Figure 2 Distribution of the samples from the infants of the “Bebê Clínica” Program of Bandeirantes-PR according to maternal characteristics of race and wealth.

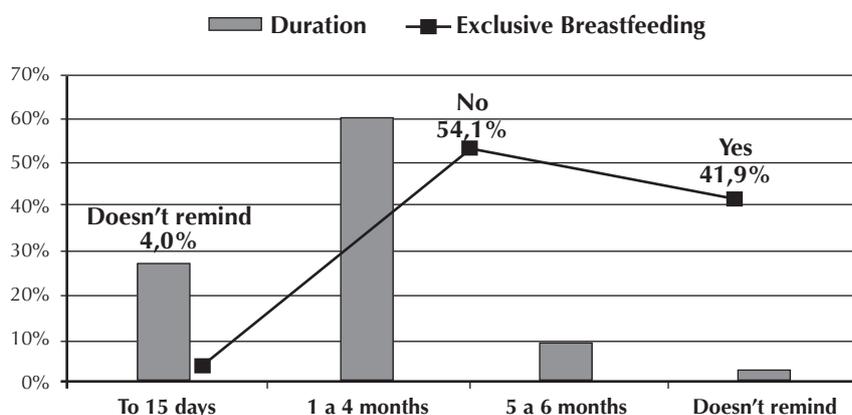
According to the WHO (1995) breastfeeding prevalence presents ascension and dissension phase, according to a society development pattern that is influenced by population subgroups, were the more studied women would be the first to change, influencing the women from the lowers levels.

Kummer et al (2000) relate higher exclusive breastfeeding prevalence among women with higher school level, when compared whit those who studied up to four years and concluded that women with higher scholar degree are in an exclusive breastfeeding valorization phase, and that this trend did not get to the lower social levels.

Maternal low wealth and caucasian race are already known as factors related to prevalence and duration of breastfeeding (ibid). According to Almeida e Novak (2004) that conclusion could be partially explained, by the traditional “ama-de-leite” figure until the emblematic scientific vanguard built by the modified milk industry marketing. Despite those speculations, it’s a result that deserves future studies.

In the same way, Venâncio et al (2002) observed that low scholar degree, teenager, first-pregnancy mothers, informal job and unemployment are risk characteristics for the exclusive breastfeeding. In the present study, it clearly shows that 55,4% are first pregnancy mothers and 52,7% from the mothers do not have any professional activity. In Vieira et al (2004) study, women that did not work outside home had a significantly larger chance for breastfeeding.

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Picture 3: “Bebê Clínica” Program children’s sample distribution according to breastfeeding prevalence and duration.

Osís et al (2004) observed that for the woman to decide to breastfeed, it’s essential her acquired knowledge from several sources, about breast-milk value to baby development before and after gestation, as well as right after the delivering.

According to Almeida and Novak (2004) in a way to extend early weaning determinants, several works were made, in different times and country regions. In the studies that searched to understand weaning based in what the woman says, allowing that she tells her true reason for breastfeeding abandoning, weak milk or lack of it are major explicative factors. Rea (2003) relate that the most frequent reasons for weaning have been lack of milk and mother’s job.

However, the present work’s results show that the main reason said by women for weaning in 25,7% milk has gone dry, 21,6% milk was not enough, 16,2% baby did not want to suck, 13,5% back to

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work and just 4,1% milk was weak. It is very hard to get reliable answers from the mothers, for it's known that they tend to give the answer more socially, but not convincing and that do not firm their self-esteem.

## CONCLUSION

Osis et al (2004) show that, to produce positive attitudes and practices in breastfeeding, it is necessary to focus society globally - and not just women, trying to establish breastfeeding as a social value.

To Pedroso et al (2004) breastfeeding is not a lonely act, but part of women's and family's lives; it's determined by several factors and it's also expression of a culture. Efforts success will be limited if do not search women valuation, citizenship respect and life quality improvement, satisfying population's needs.

Breastfeeding promotion must be seen as a priority action to improve health and life quality of infants and their families. Breastfeeding strategies must vary with population, its culture, habits, beliefs, social and economical status, among other characteristics. However, it's a major point in any strategy the maternal breastfeeding importance awareness, and it is hoped that these works results contribute to breastfeeding protection, promotion and support actions development.

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